

Safety Town

2006 Volunteer Instructor Application



PLEASE PRINT INFORMATION IN BLACK INK — ANSWER ALL QUESTIONS

First Name: _____ Middle Initial: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Email address: _____
 Home Telephone: _____ Pager/Mobile Number: _____ Age: _____
 How do you wish to be notified of your confirmation? Above email ☐ OR Phone: _____
 School: _____
 Emergency Contact Person: _____ Relation: _____
 Home Telephone: _____ Work Telephone: _____ Pager/Mobile: _____

Please check the appropriate boxes: ☐ Male ☐ Female

Have you volunteered at Safety Town before? ☐ Yes ☐ No If yes, when? _____

Do you have ANY medical or physical situation the we should be made aware of?

☐ Yes ☐ No If yes, explain: _____

Do you take prescription medication? ☐ Yes ☐ No If yes, what? _____

Are you a diabetic? ☐ Yes ☐ No

Do you suffer from allergies? ☐ Yes ☐ No If yes, please explain: _____

Listed below are the session dates and times for this summer. Please check **all** the boxes beside the session numbers you wish to volunteer for. You may volunteer for more than one session, but you must be able to work the entire two weeks and be at Safety Town each day that you sign up for.



<input type="checkbox"/> Session 1	June 19 – June 30	9:00am – 11:00am
<input type="checkbox"/> Session 2	June 19 – June 30	1:00pm – 3:00pm
<input type="checkbox"/> Session 3	July 17 – July 28	9:00am – 11:00am
<input type="checkbox"/> Session 4	July 17 - July 28	1:00pm – 3:00pm
<input type="checkbox"/> Session 5	August 7 - August 18	9:00am – 11:00am
<input type="checkbox"/> Session 6	August 7 - August 18	1:00pm – 3:00pm

How did you hear about Safety Town? _____

There will be a maximum of 25 volunteers selected to work each session. **You may volunteer for more than one session, but you must work every day of each session you sign up for.** You will be notified by telephone if your application has been accepted and what day Volunteer Training will take place. If you have not been notified by June 2, 2006, or have questions concerning volunteer instructors, please contact Corporal R.S. McDonald at 373-2070 or safetytown@greensboro-nc.gov. **ALL APPLICATIONS MUST BE MAILED OR HAND-DELIVERED TO:** Corporal R.S. McDonald/Safety Town, Greensboro Police/Southern Operations, 2602 South Elm-Eugene Street, Greensboro, NC 27406.

BE CERTAIN TO COMPLETE THE BACK PORTION OF THIS APPLICATION

Safety Town

Waiver and Release



PLEASE PRINT INFORMATION IN BLACK INK

I/We, _____, parents/guardians of _____, for myself/ourselves and on behalf of said minor child and his/her heirs, executors, administrators or assigns, hereby covenant and agree as follows:

To waive for all parties noted above all claims, demands, actions or causes of action, against the City of Greensboro, its officers, agents and employees, of whatever kind or nature which may arise in any manner by such reason of injury to person or property or both while such child is participating in the Safety Town/Bicycle Program.

To never instigate any suit or action against the City of Greensboro, its officers, agents or employees for damages, loss or injury of any kind for or on account of injury to said minor child's person or property or both which may arise in any manner while he/she is participating in this program.

Photographs, films, and recordings are sometimes made of the participants of Safety Town for class pictures, news releases, and other documentary purposes. I hereby authorize the use of my child's picture to be used in any non-commercial manner by any radio, television, newspaper, City of Greensboro, Greensboro Jaycees, or other officers, agents and employees of the Safety Town Program.

This agreement, waiver and release holds harmless the City of Greensboro, its officers, agents and employees for any injury including but not limited to claims for wrongful death, arising in any manner to said minor child while such child is participating in this program.

I/We have read the foregoing waiver and covenant and understand that it constitutes a formal legal document.

By my/our signature(s), I/we give consent for the above listed minor child to participate in the Safety Town/Bicycle Safety Program for the year of 2006.

Signature of Parent/Guardian: _____ Date: _____